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COVID-19 in the Democratic Republic of Congo
Precarity, conflict and disaster coping mechanism

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Foreword

When the COVID-19 pandemic spread over the world, it became apparent that it exacerbated existing crises and magnified vulnerabilities. In April 2020, we therefore set out with a group of students to follow what happened in 7 countries: The Democratic Republic of Congo (DRC), Haiti, Zimbabwe, Philippines, India, Brazil and Chile.

In all these countries, COVID-19 became part of intersecting and compounded crises. The ongoing research programme at the International Institute of Social Studies (ISS) of [When Disaster meets Conflict](#) is about dealing with intersecting crises, and became the steppingstone for the analysis of the responses to COVID-19. When Disaster meets Conflict – and hence these case studies – has been supported by the Netherlands Organisation for Scientific Research (NWO) (Grant number: 453-14-013); Nederlandse Organisatie voor Wetenschappelijk Onderzoek.

The case-studies have been implemented by students of the countries residing at the ISS on the basis of remote interviews and secondary sources. COVID-19 widely triggered top-down and centralised emergency measures. The research set out to uncover what happens when COVID-19 hits fragile, authoritarian and/ or conflict-affected settings? It focuses on how affected communities perceive of and deal with COVID-19 restrictions, and what initiatives emerge in providing local safety nets.

This working paper reports on the research done in the Democratic Republic of Congo, DRC. The authors found that COVID-19 arrived in a country severely affected by conflict, a broken health system, poverty and disease. Nonetheless, as they find, the people of DRC have built local resilient methods and coping mechanisms that contribute to their survival as well as their mental health and hope.

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Coordinator When Disaster Meets Conflict

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Abstract

The Democratic Republic of Congo recorded its first case of the novel coronavirus (COVID-19) in the country on March 10th, 2020. The pandemic arrived in a country that was simultaneously battling its 10th Ebola outbreak, Yellow fever, and ongoing conflict. In order to mitigate the spread of COVID-19 with a health system already under severe pressure from other infectious diseases, the national government declared a state of health emergency, and a nationwide lockdown.

Although these measures were instituted to mitigate the outbreak and help maintain an overburdened health system, it also contributed to an increase in anxiety, fear of economic down-turn and a worsening precarious situation, creating a confluence of disaster, conflict and disease.

Using both qualitative and secondary sources for data gathering, this study analyses all factors involved in understanding conflict, disease and disaster in the Democratic Republic of Congo by analyzing government responses, top down measures and external interventions, revealing issues of police brutality, human rights and gender inequality. The study also discovered disaster coping mechanism employed by people living in the Kivu's and how these coping mechanisms are helping to maintain hope and mental sanity in a precarious conflict state.

Keywords

Conflict, disaster, coping mechanism, COVID-19, precarious.

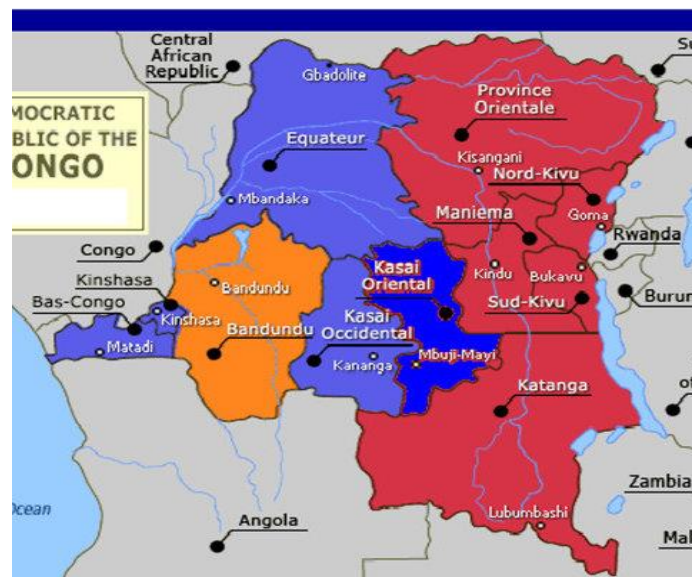
COVID-19 in the Democratic Republic of Congo

Precarity, conflict and disaster coping mechanism

1 Introduction

The Democratic Republic of Congo (DRC), battling its 10th Ebola outbreak and ongoing conflict in the East, was caught off guard like many other countries by the outbreak of the Coronavirus. On March 10th, 2020 the first case of Coronavirus was announced in the country (Atlantic Council, 2020). Although COVID was a new form of infectious disease, the outbreak of such infectious diseases for the people of the Democratic republic of Congo is a rather familiar phenomenon, with the country having experienced simultaneous outbreaks of yellow fever, Ebola and measles. The Central government in Kinshasa, in efforts to contain yet another outbreak of infectious disease, announced a state of health emergency on 24th March, 2020, establishing stringent protective measures which included a nationwide lockdown and quarantine in all 11 provinces (Atlantic council, 2020).

Figure 1
Map of Democratic Republic of Congo
showing its provinces and neighboring countries



Source: Ngianga-Bakwin Kandala, ResearchGate

These measures were introduced by the central government to aid and mitigate an existing precarious humanitarian situation and conflict that dates as far back as 1870 during colonization of the DRC by Belgium under the reign of King Leopold II (Concern Worldwide US, 2020). However, with a broken health system, ongoing conflict, an economic downturn and outbreak of

multiple infectious diseases, Congolese are faced with increased anxiety in a precarious state of conflict, economic downturn and disaster.

In this report we look at (i) the top down, government approach and response to COVID, (ii) Rule of law and police brutality, (iii) External measures, (iv) Local resilience, (v) Social and cultural appropriateness, (vi) A cultural perspective of COVID and Ebola, and (vii) Economic downturn.

2 Overview of the country context

The Democratic Republic of Congo (DRC) is a land-locked country in Eastern Africa bordered by the Central African Republic and South Sudan to the North, Uganda, Rwanda, Burundi and Tanzania to the East, Zambia and Angola to the South and the Republic of Congo to the West. By area it is the largest country in Sub-Saharan Africa and the second largest in Africa (JICA, 2020).

According to the World Bank, DRC has an estimated population of about 84.7 million people, 70 percent of which live within the poverty margin (World Bank, 2020). The DRC, like some of its neighbors, has been experiencing a long period of protracted conflict and although these countries experience different types of conflict, the DRC is situated in a part of Africa that at one point in time had some form of conflict or genocide continuously ongoing. This has contributed to a characterization of the region as being particularly polarized by ethnic violence and other forms of conflict (K. Buscher, 2018: 194).

According to Dena Montague, the situation in DRC has created a population so ravaged by conflict that women in some villages have simply stopped taking their children to the health centers because they no longer possess simple items like clothing to preserve their dignity (D. Montague 103, 2002).

D. Montague further states that Congolese in the Eastern Region of the country are faced with a lack of available hospitals and clinics, most have been destroyed during the war leaving at least 18.5 million people without access to health care (D. Montague, 103:2002).

Despite the prevailing humanitarian situation as a result of violent conflict, the DRC has also experienced the re-occurrence of outbreak of communicable and highly infectious disease such as the country's 10th EBOLA outbreak in 2018, as well as measles, yellow fever and most recently in 2020, the outbreak of Coronavirus or COVID-19 (Mobula et al, 3:2020).

In the DRC, the health system has been divided into clusters by the government. According to the government, this division leads to proper management of the health system.¹ In North Kivu, the geographical location of this study, there are 7 health clusters. The names of these clusters are listed in the section on **current statistics** in this report.

¹ Participant A, an advocate living in North Kivu and Participant B, founder of Amani institute also living in North Kivu.

3 Methodology

Given the huge geographical land mass of the country and the two-month duration of this research, we decided to focus on a specific geographical area. Moreover, the geographical choice was also made with the title of the research in mind which is “when disaster meets conflict”. Thus, Northern Kivu in the Eastern part of the DRC was selected as the geographical area of focus.

North Kivu is a region in Eastern DRC that has been marred by violent conflict for over two decades leading to an extended presence of humanitarian agencies. The region has also been hit several times with the frequent reoccurrence of Ebola despite the constant unrest from Allied Democratic Front (ADF) and the M23 rebel group (Vinck et al. 529: 2019). Based on these factors, conflict and existence of communicable disease, and the title of the research, North Kivu was selected.

The method employed during this research was qualitative. For the duration of this research, we were not physically present and could not observe events unfolding in the DRC, therefore we worked with individuals living in the research location (North Kivu) to serve as participants or interviewee.

4 Selection of interview participants

The selection of participants was based on convenient sampling with series of contact tracing. Convenience sampling is a type of non-probability or non-random sampling where members of the target population that meet certain practical criteria such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study (Etikan I. et al, 2: 2016).

Thus, we got in touch with people working in DRC or who have conducted work in DRC and are willing and available to participate in this research. We shared the objective of the research with these individuals and asked for their consent to participate. Another important criterion used during the research was that participants must be individuals living in North Kivu and actively working within the development or health sectors of DRC.

All 5 of the participants are male. One of our participants works as an advocate within the Justice sector, another works with United Nations High Commission for Refugees (UNHCR), another works as the coordinator at Amani Institute. Amani Institute is a peace institute working with young people who have survived the horrors of war. The institution aims to reduce violence and restore peace for integral development.

Another interviewee works with a philanthropy group called Kisangani for Kisangani, an organization established in 2020 as a relief response to the COVID outbreak. The organization raises funds to buy COVID preventive supplies like medical and non-medical masks for residents. These funds are made available through kind gestures from Congolese, mostly diaspora as well as individuals committed to funding efforts in preventing the spread of COVID in Eastern DRC. These individual donors, although not all physically present in DRC, are connected geographically, physically or biological to DRC, especially the Eastern part of the country. The 5th participant works for Mercy Crops DRC and is based in North Kivu.

We also collected information from websites including news outlet pages. However, it is important to note as a limitation that relevant information on COVID in DRC is scarce on the internet and some of the website had vague information concerning COVID. The list of the websites used is given in the references. Additional literature and reports from organizations were also used as sources of data, all of which are listed either as footnotes or as reference document in the reference section.

The sources of data in this research are both qualitative and secondary. Data were collected from online resources like blogs, newspaper websites, journals and articles and other unpublished documents such as NGO reports, government reports. Some primary data were also gathered from 5 participants. In total 5 persons were interviewed, 4 via written questionnaire and one via WhatsApp phone call. All of the participants in this research are currently living in DRC, Eastern region and/or North Kivu.

5 Report introduction

The overall aim of the research was to inform better linkages between top-down, external measures and local, socially and culturally appropriate initiatives. Findings are thus divided into the following categories: Top-down approach, external measures, local measures, social and cultural appropriateness and general summary of other findings. In this report, after the first section which is on background and methodology, the outline of the following sections include: current statistics, list of health clusters in North Kivu and list of the following categories as sub-titles: Top-down approach, external measures, local measures, social and cultural appropriateness and General summary of other findings.

6 Current statistics

As of July 21, 2020, according to Stantennes website, a news channel based in DRC, the number of registered COVID-19 cases in DRC was 8626 (Stantennes 2020).

Of the total number of registered cases in the DRC, North Kivu had 251 and it was said to be the 4th worst affected place in the DRC (Stantennes 2020).

According to the New Humanitarian Times by the time of the declaration of COVID-19 as a National health emergency, in March, the Country's once packed EBOLA treatment centers had then been empty for weeks (New Humanitarian Times, 2020). Moreover, as of the time of the collection of this data, the DRC had been declared Ebola free, thus we didn't request figures on Ebola. However, it is important to note that, according to the BBC, dozens of new Ebola cases have again been confirmed in DRC (BBC News, 2020).

According to Stantennews, the number of deaths resulting from COVID-19 in DRC, as of July 21 has been registered at 197, with 14 deaths in North Kivu (Santennews, 2020).

In the DRC health system are divided into clusters. The following are the health clusters in North Kivu: Z. S Beni, Z.S de Goma, Z.S Karisimbi, Z.S de Mutwanga, Z.S de Nyiragongo, Z.S de Rutshuru, Z.S de Walikale. These health clusters in Northern Kivu have COVID-19 treatment centers but no testing centers for COVID-19. All samples of suspected COVID-19 cases are taken to Kinshasa and results are given within the period of 14 days.

7 Top-down: government response to COVID in Congo

The first case of COVID-19 in the DRC was declared on March 10, 2020. On Monday March 24, 2020 the Government based in Kinshasa, capital of the DRC announced a state of health emergency, to be observed by all 11 provinces across the country. Since March 24, 2020, the lockdown has been extended five times by the national assembly (Atlantic council, 2020).

Data available on PATH websites, an international organization working in DRC, states that the government in the democratic republic of Congo has formed two bodies to coordinate the response to COVID-19 in the country, these bodies are namely: The COVID-19 technical secretariat and The Presidential COVID-19 Task force. Members of these bodies include the country's top virologists. It is said that these bodies will help to guide the health system's response and inform broader political decisions (PATH 2020).

The COVID-19 secretariat is led by Dr. Jean Jacques Muyembe. The COVID-19 technical secretariat is charged with the responsibility to direct the health system response to the pandemic. As part of the government intervention, the lead on the COVID-19 technical secretariat Dr. Muyembe leads scientific and public health efforts. According to information available on the website, the government believes that this shows an emphasis on its response to COVID as a response based on Science (PATH, 2020).

However, Dr. Jean Jacques Muyembe, who also led the fight against Ebola, has stated the lack of preventive equipment for medical staff as a threat in the prevention of the spread of COVID-19. According to Dr. Muyembe, the lack of adequate preventative equipment for health care workers was exposed by the Ebola outbreak and has now been reinforced by the outbreak of COVID-19. It is also feared that due to the existing fragile situation of the health care system, the outbreak of COVID-19 will exacerbate the demoralizing situation currently faced by nurses and health care workers, due to the large transmission of communicable disease like Ebola and now COVID amongst health care workers. This is also leading to fear and panic as well as lack of motivation to work amongst health care workers (H5N1, 2020).

The ministry of health in Congo runs in parallel with the COVID-19 technical secretariat and the Presidential task force. The role of the Ministry of Health during the outbreak is to focus on the country's routine health needs including the current Ebola outbreak and measles outbreak. A step taken by the government to protect the country's citizens from what the government consider two looming threats: that is COVID-19 and shortages in health facilities (PATH, 2020).

The government has also established a New Presidential COVID-19 taskforce. The taskforce is responsible for coordinating cross-section decisions for the government at both the national and provincial levels. This taskforce is led by Dr. Rogers Kamba and a team of experts. The taskforce provides President Tshisekedi a direct line of oversight in the COVID-19 outbreak and the response coordination (PATH, 2020).

8 Police involvement in ensuring the wearing of mask

As a response to stop the spread of COVID, the government has also introduced the wearing of mask and policing to ensure citizens prevent the spread of COVID 19. However, with the involvement of police to enforce safety measures including the wearing of mask, there has been reported cases of police brutality. From March 2020 to July 2020, 7 civilians have died as a cause of police brutality in North Kivu. A case of police brutality that has had high public interest is that of an incident which occurred on April 22, when a young man accused of not wearing a mask and resisting arrest was shot by the police at a point blank range and died instantly (Voice4thought 2020).

9 External measures

PATH is actively partnering with the government to ensure that effective measures and support are put in place to handle the pandemic. PATH has provided office space, infrastructure and high bandwidth connectivity needed to engage with the technical experts, attend webinars, and access online gathering places for sharing global best practices; connecting the presidential task force to global technical expertise to aid the development of a strategic communications plan for COVID-19; supporting rapid response actions in the epicenter of Kinshasa, including case investigations, contact tracing and communications in the most affected health zones of Gombe, Binza-Ozone and Nsele, and advocating for greater resources and understanding of the medical oxygen availability and supply chain in the country (PATH 2020).

ENABEL AND RAW BANK are responsible for providing medicines such as medical equipment and inputs, including 200 Enabel tablets for surveillance activities and 10 laptop computers. Installation of tents to support the Entry points to ensure containment and sanitary control activities.

Within the Lebanese community, CDC Atlanta, Don Maman Olive Lembe and the technical secretariat are providing credit for communication, rolling stock, fuel and food rations, among others.

Kibali Gold mines and its operator Barrick Gold in the response against COVID-19 in Kinshasa provided 57,000 pairs of gloves; 113,000 masks; 300 combinations for nursing staff; 400 beds with mattresses; 77 pieces of 5L of bleach; 220 pieces of liquid soap; 120L of disinfectants; 280 garbage bags; 120 plastic buckets and construction of hand washing points, installed at headquarters of various organizations as a preventive measure against the spread of COVID.

Mercy Corps and Cordaid are involved in coordination of activities amongst organizations working across the DRC to prevent and control the spread of COVID as well as EBOLA. Coordination through report writing and meetings are organized by both Mercy Corps and Cordaid.

JICA is another organization providing support to the DRC government and works with the task force and ministry of health in DRC (JICA 2020).

10 Local resilience

According to all 5 participants the community has taken the same preventative measures in slowing the spread of both Ebola and COVID. These preventive measures include use of hydro alcoholic products, social distancing, avoiding crowds and big gathering during festivities and systematic hand washing with soap in most public places. However, Participants stated that some sections of the society are skeptical about the existence of the pandemic, specifically COVID-19, which affects efficiency of preventative measures when linked to the prevention of COVID-19.

According to 3 of the 5 participants, COVID-19 as a medical disease is a source of contestation amongst members of the community in North Kivu. It is being perceived that COVID -19 was manufactured in a laboratory with its recommended treatment targeted to annihilate the black population.

Participants B, one of the interviewees based in Eastern DRC and founder of Amani Institute, said initiatives such as awareness creation through local radio stations, broadcasting of spot messages, soap operas, songs, sketches and newsletters, have been developed to help prevent the spread of COVID-19. There are also campaigns on the street with megaphones, drawings and posters pinned in public places, shared on social media platform like Facebook and WhatsApp. These messages aim to show the public how serious the situation could turn if preventative measures are not followed. The mobilization of solidarity according to Participant B is another local measure used by residents of North Kivu.

As means of building resilience against COVID-19, and in addition to the existing preventive measures, which include washing of hands, keeping 1.5 meter, stay home orders for non-essential workers, quarantine of all sick people, and wearing of masks, the local government in North Kivu has added additional measures to include compulsory quarantine for old people and those with chronic disease.

Kasangani for Kasangani is a local initiative created in 2020 by people who lived, studied, worked or were born in Kasangani city, a city located in Eastern DRC as with North Kivu. The initiative aims to sensitize all people connected to Eastern DRC (Geographical, physical and biologically) to lend financial assistance in the fight against COVID-19 by contributing \$1, \$5, \$10 or more. With the philanthropic gesture, the organization intend to create a fund that will be used to buy masks and increase awareness among the local community and beyond on the danger of coronavirus.

11 Social and cultural appropriateness

According to 3 of the 5 Participants, Congolese in North Kivu have tried to follow various safety measures. However, given the social and cultural way of life of Congolese which include mourning together as a community the loss of loved ones, attending large weddings and having drinks together after a long day often in crowded bars, have made it difficult for Congolese to follow these preventative measures. According to the Participants, Congolese view these measures as contrasting to the social and cultural way of life of Congolese.

Participant A stated that although all bars were mandated by the government to be closed as a means to stop the spread of COVID-19, some bars are still secretly operated. According to Participant A, a view held by residents of North Kivu is that the current state of the Congolese economy, which is experiencing major setbacks due to the closure of trans border trade and other economic activities, has led to increase anxiety and uncertainty, thus community members find it important to meet in social gathering as a form of mental support. Within the Congolese community, such social gatherings involve sharing of drinks and friendly conversation. It is considered a therapy for handling anxiety that comes with uncertain times including the current state of the Congolese economy.

12 COVID and Ebola similarities

In North Kivu another culturally contrasting situation posed by the prevention strategies of both Ebola and COVID is the situation of the burial of the dead. According to all 5 Participants, in Congolese culture deceased are buried by family members and friends as well as mourners and sympathizers of the family. These categories often account for large crowds, a way of life that has not been practice since the 10th outbreak of Ebola and has now been extended due to the outbreak of COVID in March 2020. This measure as a safety measure according to all 5 Participants has been met with doubts from Congolese who are of the opinion that this should not be the new way of life for Congolese society.

13 Economic downturn

Prior to the outbreak of COVID, economic activities in North Kivu were facing growth difficulties due to the ongoing armed conflict. Participant A stated that the outbreak of COVID has worsened a bad economic situation, especially the practice of social distancing as a preventive measure that is the avoidance of large crowds or crowded areas.

This preventive measure runs contrary to the economic systems as practiced in DRC. According to Participant B, economic activities are done daily and in person with huge reliance on human or person to person interaction, thus with the enforcement of social distancing, economic activities have ceased, including cross border trade and informal market sector.

Economic activities are highly reliant on cross boarder activities, with the closing of Goma, a major cross border hub between Rwanda and DRC, and the stay home preventative measure, individuals involved in cross border trade have lost their source of income and have to stay home putting extra pressure on an economy that is already hardly hit by the ongoing armed conflict.

According to Participants A and B, there has been an increase in youth delinquency and the family as a unit has been hugely affected by the outbreak. Participants A and B also stated that the outbreak of COVID-19 has increase the risk of homeless.

Moreover, according to the Participants, the economy of North Kivu prior to the outbreak of COVID-19 has been negatively affected by ongoing armed conflict and outbreak of Ebola and that the outbreak of COVID-19 has only worsen condition of the economy. Making it even more difficult for families to afford basic amenities.

Moreover, family with teenagers staying at home due to the closing of schools, face more difficult situation which include finding extra activities to keep their child or children busy, providing above average consumption of household and food items etc. Thus, according to Participant A, some members of families have resorted to street begging, abuse of drugs and homelessness.

14 General summary of findings

Many individuals are overburdened due to the re-occurrence of infectious diseases. The health sector has been pushed to its limits. People are perplexed and weary due to the processing of too much information on communicable disease. Thus some individuals have decided to adopt information on diseases that are considered 'familiar' (Ebola, measles and yellow fever) whilst disease like COVID-19, new to the country context, are considered as elite-driven and as affecting people having contact with individuals who have traveled to DRC or who have had contact with foreigners and aliens coming to Eastern DRC or North Kivu.

Additionally, due to the relatively lower number of confirmed COVID-19 cases than that of Ebola in North Kivu, members of the population have an attitude of acceptance of the existence of the public health risk posed by the virus Ebola than that of COVID-19. This opinion is also based on the notion that Ebola can be contracted through known source (person to person, monkeys) thus it appears to be a more real public health issue than COVID.

However, though this is a common belief within various communities, it is important to note that within these same communities, there are mixed opinions towards the spread of Ebola. Members of communities where bats or monkeys are not part of their diets usually have different attitudes towards the spread of Ebola than members where bats and monkeys are part of their diets, the former felt a bit immune in contracting the virus than the latter.

Participants also reference the government response as a "mixed" response, lacking clear communication and effective coordination. A case of which was stated as poor coordination of availability of resources and incorrect facts. According to the Participants, though donations and resources have been made available to help in the prevention of COVID-19, areas affected by the virus including North Kivu and other parts of the country have been unable to receive resources to effectively combat the virus basically due to the government inability to efficiently distribute resources.

This situation has led to for example to a lack of testing centers in other parts of DRC. All samples of COVID from all provinces of DRC are sent to Kinshasa, with a waiting period of approximately 14 days before results are made available. Within these 14 days, the results are sent in the health zone which the individual with a suspected case of COVID-19 lives. The results are then received by the health zone officials and subsequently given to the person diagnosed. This process of testing and handling of results, along with the lack of testing centers in North Kivu has increased fear amongst residents that COVID-19 is spreading at an unnoticeably high rate.

Participants also cited a lack of trust between the government and Congolese. This lack of trust is a result of miscommunication and a lack of clear roles and responsibilities. Participants stated that information provided by the government are later proven to be incorrect. Due to these factors, members of the population doubt preventative measures and policies instituted

by the government. Leading to an increase in skepticisms across all sector of the population.

As a source of awareness information coordination is managed by central government in Kinshasa, however, provincial government in North Kivu and other parts of the DRC including its Eastern region also provides information. According to Participants, sometimes these information are however contradicting, leading to the classification of the government response as “mixed”.

Online sources also stated that the government is presenting a mixture of poorly coordinated information to include, discordant announcement, controversial and sometimes uncoordinated actions. An incident of improper communication leading to miss-trust, happen at the beginning of the outbreak. In March, the Congolese government through its minister of health had inform the Congolese population of a suspected case of COVID-19. According to the government, a Belgian national had arrived in the DRC and tested positive of COVID-19. Within days, the government later announce that the individual testing positive for COVID-19, was a Congolese living in France who had come to visit the DRC. This than led to an increase in distrust amongst citizens over information provided by the government (Pulitzer Center, 2020).

Additional information on the Atlantic Council website, a nonpartisan (US founded organization working in DRC) also states that there is confusion as to who is in charge at the national level in the fight against COVID. Information on the Atlantic south website further states that although there has been coordinating bodies established by President Felix Tshisekedi, there are separate existing coordination cell in the national government (Atlantic Council, 2020).

Moreover, according to the Atlantic Council website, the “constitution and the decentralization law of 2008 give Congo’s provinces jurisdiction over public health, not the central authorities”. However, during this current outbreak, it is unclear to Congolese the role of the provincial government from that of the central government (Atlantic Council, 2020).

A case of such mixed coordination, according to online source, is when the governor of Haut-Katanga announced an additional lockdown measure on March 23. A decision which was challenged by the national minister of health, Eteni Longondo, who claimed his ministry alone has the management of such health crisis (Atlantic Council, 2020).

Based on the existing situation of mixed and unclear coordination, there is an increase in lack of trust in the Government ability to manage the crisis and the reliability of information provided by the government. As an alternative source of information, Congolese depend on news outlet such as, Club Radio France Internationale, a radio station founded by the French government and radio Okapi.

According to the Participants, people living in North Kivu base on the re-occurrence of communicable disease have become resilient in and accustomed to preventive measures in managing the spread and prevention of

communicable disease. These measures include hand washing, use of sanitizer, avoidance of large crowds and public awareness. Although these forms of preventive measures exist, they exist parallel with incorrect information, thus making these measures ineffective and difficult to follow. Example given by Participants is residents of North Kivu holds the opinion that unlike Ebola, COVID has been manufactured within a laboratory and that any treatment taken or recommended has the aim of annihilating the black race.

Due to the nature of incorrect information within North Kivu, different parts of the population have responded differently with some sections of the population not following preventive measures.

According to participants, COVID-19 outbreak has slowed down armed activities in North Kivu, although there is a reported decrease in armed activity, there have been however an increased in monitoring activities by the National military against armed groups.

The increase in monitoring by National Armed forces has led to increase in movement of the population. However, with the current restriction imposed by national government on movement within territories, people are often stuck between areas occupied by rebels and or monitored by National Armed Forces. Thus, although people feel a sense of relative security to move due to the decreased presence of armed groups, people are often caught in between territories that are close due to movement on restriction. Often these areas are partly occupied by armed groups and national forces. In some instances, some of these individuals are in need of a COVID-19 test and are travelling to get tested and/or have tested positive for COVID-19 and are on their way for treatment at treatment centers. In some instances, these individuals need other medical treatment.

According to all 5 participants DRC highlight a case of serious economic insecurity, existing due to the effects of the war, arm groups, Ebola and now has now been made worse by the current COVID outbreak. In the capital Kinshasa, due to suspension of activities under the informal sector for instance construction work, hair dressing, and transport businesses among others, had led to unemployment and job insecurity. In the Eastern city of Bukavu, prices of major foodstuffs have also skyrocketed amidst scarcity and low supply due to closing of borders. In North Kivu, local producers are unable to get their produce to the local markets, due to restriction in movement.

There has also been concern of food insecurity arising as a result of the preventive measures put in place to contain the spread of COVID-19.

A survey conducted by European Network for Central Africa, in early April in eastern DRC, suggest that 62% of families were worried about accessing food during the pandemic (European network for central Africa, 2020).

Other results from the survey conducted by European Network for Central Africa state that there has been a decrease in trade and family access to finances. According to the survey reports, women depend on loans borrowed from voluntary saving and Loan Association (VSLA), a popular means of financial saving in most communities in the DRC. However, due to the current

outbreak of COVID, financial saving has been reportedly non-existent (European network for central Africa, 2020).

Small scale cross-border trade which provides an income for at least 45,000 traders in the region of whom majority are women. However due to the guidelines put in place to manage the spread of corona virus, there has been a decrease in small scale and cross-border trade, a situation that has rendered many women jobless affecting their only source of livelihood. Most businesses have been closed except essential services (European network for central Africa, 2020).

Despite the preventive stay home measure, the survey conducted by European network for central Africa, states that some women vendors go out in marketplaces to sell their produce. Due to the social distancing measures as a prevention of the spread of COVID-19, these women have acquired minimum profits, as customers are afraid to purchase in crowded markets (European network for central Africa, 2020).

Another issue raised in the survey report by both customers and vendors is the lack of proper hygienic measure in marketplaces. According to the survey, both vendors and customers state that the lack of support from their local authorities in keeping the market hygienic clean would escalate the increase in COVID-19 cases and might lead to the outbreak of other diseases like cholera (European network for central Africa, 2020).

Additional information from the survey states that Insecurity in the mineral supply chain has also been recorded as a result of coronavirus. This has led to the cease of economic activities in this sector. The survey report states that in North and South Kivu some areas such as Biholo, Nalucho and Kalehe have suspended mining activities (European network for central Africa 2020).

COVID-19 has also exposed and worsened the low representation of women in leadership or decision-making roles in Congolese society. According to the European Network for Central Africa, although women are affected like their male counterparts by COVID-19, there is however low participation and inclusion of women in major decision-making processes concerning the health sector and its clusters. In South Kivu, 96% of health clusters are managed by men. Thus, generally, women have limited representation in the health decision-making arena (European Network for Central Africa, 2020).

The European Network for Central Africa, in its report also stated a heightened increase in intimate partners violence. According to the network's report, Participants state that the increase in intimate partner violence is link like to the psychological stress and economic impact resulting from the measures put in place to minimize the spread of COVID-19. Participants in the survey conducted by The European Network for Central Africa suggest that the stay at home safety measures increase the level of hours partners had to stay together. This was quite new and exposed differences and discovering of traits not previously known by each partner leading to inter-personal conflict and boredom (European Network for Central Africa, 2020).

Additional forms of intimate partner's violence on the increase in DRC is worsening condition of men's mental health. According to Participants, men who have lost their jobs due to lock down preventative measures are perceived by family members and spouse as a failure and unable to provide for the family. (European Network for Central Africa, 2020).

The Voice 4 Thought, a newspaper operated in DRC, stated that an additional situation exacerbated by COVID-19 is water shortage, especially in the capital Kinshasa. According to the newspaper, at the time of the outbreak of COVID in DRC, one of the response measures initiated by President Felix Tshisekedi was to increase communities' access to water by providing free water supply to communities (Voice 4 Thought, 2020).

This has however led to shortages in water supply instead of its increase. According to the newspaper, one reason attributed to this shortage is that the announcement by the President led to an overwhelming response from communities, a response that the machinery used in water distribution could not handle. Thus, instead of serving the public, water points of distribution broke down leading to shortages in water supply (Voice 4 Thought, 2020).

Finally, due to the current shortage in water supply, there is now a feeling of anxiety and fear amongst community members, who are increasingly uncertain of how they can practice hand washing and other hygienic procedures as advocated by government in the prevention of COVID-19 (Voice 4 Thought, 2020).

15 Conclusion

In conclusion, as the rest of the world were in serious panic following the ravaging spread of COVID-19, the government of DRC also followed suit with stringent measures including lockdown, flight ban and quarantine, among others. However, unlike the rest of the world, the situation in Eastern DRC was more precarious given the intersection of conflict and disease that was ravishing the economy and health sector prior to the outbreak of COVID. Thus whilst people in other parts of the world had many fears due to the outbreak of COVID, including but not limited to economic and mental health issues, the people of Eastern DRC and the Kivu's were already in a state of anxiety and economic uncertainty, whilst the outbreak of COVID and the introduction of preventative measures increased the already existing threats of economic downturn and anxiety. This left the people of Eastern DRC and the Kivu's scrambling for disaster coping mechanisms, relying on and putting pressure on the existing social ties within their communities.

Additionally, the lack of clear communication by the central government in Kinshasa about the origin of the pandemic outbreak in the DRC led to doubts and lack of confidence between citizens and central government. This in turn has given rise to a series of conspiracy theories, which is proving a major challenge in preventing the further spread of COVID across the DRC. In the midst of the confusion of the outbreak of COVID in the DRC as well as lack of trust between citizens and central government, the central government is yet still heightening its efforts to combat the spread of COVID in the DRC and has introduced stringent prevention methods as well as various health committees to aid the Ministry of Health in preventing further spread of COVID. Some of the preventive measures introduced by central government include the mandatory wearing of masks, which like other measures has been viewed with skepticism. Such skepticism has also been affected the national police, which is the body responsible for implementation and enforcement of the measures, a situation which has led to issues of police brutality and death of civilians.

However, irrespective of the odds of conflict, a broken health system, poverty and disease, the people of DRC have built local resilient methods and coping mechanisms contributing both to their survival, mental health and hope - much needed ways to survive the current global pandemic - whilst handling the many economic, social and conflict issues that make the DRC context more precarious.

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